

# Town of Mesilla

## Business Registration Application

**Note:** A separate business registration application form should be completed for each business location.



OFFICIAL USE ONLY:

Business License #: \_\_\_\_\_

### PLEASE TYPE OR PRINT

Business Registration Application is: ☐ New ☐ Renewal

Name of Business

Name of Applicant

MAILING Address

City  State  Zip

PHYSICAL Address of Business

Business Phone  Alternate Phone

E-mail Address

Please include a valid E-mail address, which will be used for information and updates about special events, street closures, and other important town information. If you would like your business included on the Town's tourism website, please visit [www.mesillanm.gov](http://www.mesillanm.gov) and fill out the Business Information Update Request Form, or contact the Community Development Coordinator, Larry Shannon at [larrys@mesillanm.gov](mailto:larrys@mesillanm.gov).

Property Owner Name

Property Owner Address

City  State  Zip

Property Owner Phone

The Location code for reporting earnings received in the Town of Mesilla is 07-303

Square Footage of Business

Number of Employees

Number of Parking Spaces

Zoning Code

#### Business Applicant Is:

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

Current NM CRS Tax ID

Type of Business - Please describe the product(s) and/or service(s)

2231 Avenida de Mesilla P.O. Box 10 Mesilla, NM 88046

Phone: (575) 524-3262 Fax: (575) 541-6327

PLEASE FILL OUT OTHER SIDE

### Emergency Contact Information

Responsible party to be called in case of emergency. Enter information in order of requested contact.

Contact 1

Phone Number

Address

Contact 2

Phone Number

Address

Contact 3

Phone Number

Address

Do you have an alarm system?

☐ Yes

☐ No

If yes, what kind?

What company responds?

Applicant hereby states under oath that all statements and representations  
made in this application are true and valid.

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Building Owner

\_\_\_\_\_

Date

\_\_\_\_\_

### OFFICE USE ONLY

Receipt Number

Date of Payment

Case Number

PZHAC Approval Date

Sign Permit Case #

BOT Approval Date

Zone

Renewal Date

Utility service  
verified with  
utility  
department

☐

Submit by E-mail

### Fire Department Inspection Verification

Fire Department Signature

\_\_\_\_\_

Inspection Date

\_\_\_\_\_

Approved

☐ Yes

☐ No

☐ CRS Verification of Location Code